FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |         |  |  |  |  |  |  |  |  |  |
|--------------|---------|--|--|--|--|--|--|--|--|--|
| OMB Number:  | 3235-02 |  |  |  |  |  |  |  |  |  |

87 Estimated average burden hours per response: 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|  |   |  |  |         | Of S                                    | Secuo   | 11 30(11) | or the i                              | mvesime                             | ni Co  | прапу Аст                                      | 01 194  | J               |                      |   |                                    |   |                             |   |  |  |
|--|---|--|--|---------|---|---|-----------|---------------------------------------|-------------------------------------|--------|--|---|-----------------|----------------------|---|------------------------------------|---|-----------------------------|---|--|--|
| Name and Address of Reporting Person*     Scanlon George P |   |  |  |         |   | 2. Issuer Name and Ticker or Trading Symbol Fidelity National Financial, Inc. [FNF] |           |                                       |                                     |        |  |   |                 |                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                    |   |                             |   |  |  |
| <u>Scalloll George P</u>                                   |   |  |  |         |   |   |           |                                       |                                     |        |  |   |                 |                      |   | Direc                              | ctor  |                             | 10% O   |  |  |
| (Last) (First) (Middle)                                    |   |  |  |         |   | Date of Earliest Transaction (Month/Day/Year)                                       |           |                                       |                                     |        |  |   |                 |                      | X   | Officer (give title below)         |   |                             | Other (<br>below)   | specify  |  |
| 601 RIVERSIDE AVENUE                                       |   |  |  |         | 11/                                     | 11/12/2012  |           |                                       |                                     |        |  |   |                 |                      |   | Chief Executive Officer            |   |                             |   |  |  |
| (Street)   |   |  |  |         |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                            |           |                                       |                                     |        |  |   |                 |                      | 6. Individual or Joint/Group Filing (Check Applicable Line)             |                                    |   |                             |   |  |  |
| (Street) JACKSONVILLE FL 32204                             |   |  |  |         |   |   |           |                                       |                                     |        |  |   |                 |                      |   | Form filed by One Reporting Person |   |                             |   | on   |  |
| (City)   | (St   | ate) (                                     | Zip)   |         | -                                       |   |           |                                       |                                     |        |  |   |                 |                      |   |                                    | Form filed by More than One Reporting Person  |                             |   |  |  |
|  |   | Tabl                                       | e I - No   | n-Deriv | ative                                   | Sec   | curitie   | s Ac                                  | quired,                             | , Dis  | posed o  | f, or   | Ben             | eficia               | ally  | Owne                               | ed  |                             |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  |  |         | Execution                               |   |           | Transaction Disposed (Code (Instr. 5) |                                     |        | ies Acquired (A) or<br>Of (D) (Instr. 3, 4 and |   |                 | and Securit          |   | ties<br>cially<br>I Following      | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |                             | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership               |  |  |
|  |   |  |  |         |   |   |           |                                       | Code                                | v      | Amount   | (A) or<br>(D)   |                 | Price                |   | Transa                             | ction(s)<br>3 and 4)  |                             |   | (Instr. 4)   |  |
| Common   | Stock   |  |  | 11/12   | /2012                                   |   |           |                                       | F                                   |        | 18,340   |   | D               | \$22.                | .99   | 435,566.1171 D                     |   |                             |   |  |  |
| Common Stock   |   |  |  |         |   |   |           |                                       |                                     |        |  |   |                 |                      |   | 87.8                               |   |                             | I   | 401(k)<br>Account  |  |
|  |   | Та   |  |         |   |   |           |                                       |                                     |        | osed of,<br>onvertib                           |   |                 |                      | y Ov  | vned                               |   |                             |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year |         | 4.<br>Transaction<br>Code (Instr.<br>8) |   | n of      |                                       | 6. Date E<br>Expiration<br>(Month/E | on Dat |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 | estr. 3              |   | ivative<br>urity                   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ov<br>Fo<br>Di<br>or<br>(I) | 0.<br>wnership<br>orm:<br>irect (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |  |         | Code                                    | v   | (A)       | (D)                                   | Date<br>Exercisa                    | able   | Expiration<br>Date                             | Title   | or<br>Nui<br>of | ount<br>mber<br>ares |   |                                    |   |                             |   |  |  |

**Explanation of Responses:** 

/s/ Michael L. Gravelle, as attorney-in-fact

11/14/2012

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.